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MISCELLANEOUS.

Croupous or Lobar Pneumonia Treatment.

BY J, F. SHELLEY, ELMDALE, KAS.

In the treatment of lobar pneumonia it is essential that we recognize it, not only as a self-limited disease, but one also that aborts spontaneously in rare cases, but much more frequently under appropriate treatment.

If it do not abort, it tends to recovery always, if the resisting or sustaining powers of the system be sufficient to hold out long enough—that is, if the vital processes are not interferred with during the siezure sufficient to arrest them.

But while the disease may at times be aborted, clinical experience has taught us that no line of treatment yet incorporated is wholly successful in cutting the disease short in its incipiency, nor indeed can we hope to abort nearly half of our cases. Then it is highly important that with an eye to aborting we should keep clearly in view always the effect of our treatment on the patient with reference to resisting prolonged disease, should we fail to jugulate.

Speaking of blood-letting and antharsis, Prof. Flint says: "Admitting that they sometimes succeed, the probability of their success is not sufficient to warrant their employment under circumstances which will be likely to render their operation hurtful, should they not prove successful."

These methods of reducing congestion have justly become obsolete, and need here only passing notice. While the theory for which they were employed is not entirely erroneous—namely, to relieve congestion—yet the evils of their employment in a case not aborted must be apparent to every modern practitioner, since the usual immediate cause of death is asthenia, and every drop of available blood, as the stage of exhaustion advances, is that much toward the probability or possibility of recovery, helping to maintain, as they do, the vital powers.

The vital process is an automatism, and limited suspension of the process is sufficient to permanently arrest vitality. Then it follows that in disease, as in health, if but imperfectly, must the vital process be carried on. Constructive metamorphosis must not be wholly suspended, else were life at an end from the mere suspension; the otherwise available forces not being utilized.

The system utilizes what it can; products of destruction are carried off. And in proportion as these processes are interferred with will the disease prove more or less potent in destroying or reducing the organism. On the heart's action to a great extent depends its own vitality and sustenance. Forcing the blood current into the lung where it is oxidized, it returns to impart this gas to its own tissues; while a sluggish circulation cannot fail to starve the tissues that would propel it, and with a mingled cause and effect, the tendency is toward reduced vitality and resistance.

But since repair is not equal to waste, as in most cases, the final issue depends very much on the duration of the disease.

At the present time it is probably impossible to say whether a case that has not aborted in the early stage can be shortened in its duration; but it is fully admitted that the severity of the disease can be greatly modified by appropriate treatment.

To be in the highest degree successful

the treatment must, by no means, be routine. Not only does each case call for its own peculiar treatment, but in every case the treatment must be varied to meet the indications of the different stages and the intensity by which they are marked, and complications must be noted and promptly met.

A very important fact that should be well fixed in the mind of every practitioner, is that the system is best sustained when all functions are nearest physiological, or normal; and not in *overaction*, which quickly *exhausts*, nor in *underaction*, which *starves*, is the greatest amount of labor performed or the system longest sustained, and resistance to invasion best accomplished. If the heart-action is sufficiently strong to meet the requirments, stimulation—as if to run a sandbar by the momentum—avails nothing, but only defeats the object by exhausting the powers when the disease is not yet spent and death ends the conflict. Likewise, it is a mistake to reduce the functions in the early stage to the ebb of starvation; for it is nothing other than starvation when the blood, tardy in its circulation, fails to quickly carry and impart its oxygen to the tissues, while, on the other hand, it poisons by failure to throw off products of destruction.

Then the very treatment most appropriate to sustain the system against prolonged disease yet becomes the most potent in aborting the attack, if seen early; as will be still furthern show below.

Having now indicated the general principles of treatment, we shall see the specific indications necessary to accomplish these ends, as far as may be.

The first stage of typical lobar pneumonia is marked by congestion of greater or less intensity. It may vary from a slight hyperæmia to a complete stasis in the capillaries of the involved area. The greater the degree of congestion the greater is the destructive process, both on function and tissue of the part. The determination of blood to the part is followed by solution of continuity of the vessel walls with diapedesis and thexis into the perivascular tissue, which constitutes the debris of inflammation, and whether the disease be general or local, we have yet a local expression that factors very materially in the cause of the disease. This extravasation is much increased both by the loss of resisting power of the tissues in the involved area, due to arrested circulation which fails to nourish, and by the pressure, or *vis a tergo*, caused by the spasm-like contraction of the general arterial system and hyper-cardiac action, while the involved vessels are in a state of paralytic relaxation.

It is in this stage of engorgement in the congestion of the early attack, when the pathology of the fixed tissue was not yet complete, when it could yet react under favorable conditions, that bleeding by reducing the *vis a tergo* relieved the embarrassment of the tissues and allowed reaction, relieving the pain, and in some cases aborting the attack. There is uo doubt of the *rationale* of the principle thus far, but it handicaps the resistance of the system against the drain of prolonged disease. It starves. This is evidently not necessary, since it may have been but a few hours earlier that the system with the same amount of blood was in a state of restful composure. Then the cause of the disorder must lie elsewhere, and in removing or neutralizing the cause is the rational treatment. Now, if it be possible to remove the congestion and tranquilize the excessively acting heart without removing reserve vitality to where it can no longer be utilized, we bring about one of the conditions essential to the protection of the tissues and to resolution without any untoward effects. This may be accomplished in what Prof. Hare calls "bleeding a man into his own blood vessels."

To accomplish this each practitioner has his own agents, and each having probably his own special reasons for his selection.

The object in selection should be to have an agent which greatly restores the equilibrium of the circulation without producing depression directly on the muscle fiber, but rather by physiologically or chemically antagonizing the disease action. If the exci-

tation of the circulation be due to toxines or ptomaines, then the object aimed at should be to either chemically neutralize them or to physiologically neutralize their action. It is perhaps still early to say just what remedy best secures these ends; but it is fairly well established that antimony, by producing destruction of muscle fiber, produces prolonged depression.

Prof. Hare looks upon veratrum viride as the ideal remedy in a markedly sthenic case. He uses the remedy in those cases that at one time were considered the fittest for venesection. It is, of course, used only in the early stage. Jervine, by relaxing the vessel walls throughout the system and quieting the bounding heart, and veratroidine, by stimulating the cardiac inhibitor, as completely relieves the engorgement as venesection, and yet abstracts none of the available force. Indeed, by prohibiting the violent action in useless effort it checks needless waste and reserves it to future need, so that the means, as before stated, of aborting becomes yet the best means of sustaining through a prolonged siege of drain on the system.

Depression, however, beyond the physiological, again but defeats the end in view. Nor do I believe one whit of advantage gained in the greater probability of aborting the attack, since resolution is an active rather than a passive effect, and tissue in a normal state of tonicity can certainly functionate better than depressed or blunted tissue. While Prof. Hare prefers veratrum in adults, aconite he thinks much better for children, as it prevents rather than produces vomiting, as veratrum is so apt to do.

Without explaining its *modus operandi*, Prof. Flint states that quinine should be given in 20 to 40 grain doses early, with the aim of aborting the attack.

A sufficiently large number of cases treated with quinine have in my hands aborted to confidently indorse it. With a view, however, of rendering the alimentary canal asceptic and relieving the engorged liver, I precede the quinine with six doses of from 1/6 to 1/4 grain calomel, given at intervals of fifteen minutes. If bowels do not respond to this, it may be followed by a saline laxative in twelve to fifteen hours, or if depletion is desired by the alimentary canal, the saline may immediately follow the mild chloride. Besides the effects of the calomel above named, I have reason, from personal observation, to believe that it has a direct influence on pneumonia, especially in children. I have frequently given a dose of it with very marked improvement, the improvement wearing off as the effects of the calomel wore away, only to note further marked improvement with another dose of calomel.

There can be no doubt that hepatic inactivity factors very largely in agravating the symptoms of pneumonia, and it is possible that it is the action of the calomel on the liver that produces its happy effects. I note that Dr. DeHolstein highly lauds the calomel treatment in bronchitis with grave symptoms in children.

Following the calomel, I gave in suitable cases from 2 to 5 grains of quinine every two to four hours until from 12 to 20 grains are taken or desired effect produced. If I succeed in jugulating my case, I now give quinine in tonic dose (1 grain) four times daily with or without strychnia sulphate 1.60 grains three to five times daily—*i. e.*, in the twenty-four hours.

The early nervous disturbances are qiuckly and effectually relieved with phenacetin or acetanilid in small dose, combined with the quinine. The dose of these remedies will not exceed 3 to 4 grains, and I seldom give more than 3 or 3½, and rather more of the phenacetin than of the acetanilid. The remedies may be repeated in these doses every three or four hours until they have their effect. They act most markedly on the pains in the limbs, back and head, but also exert quite an influence over the chest pains. For these symptoms I frequently prescribe 2 grains each of acetanilid or phenacetin and quinine, to be given every three or four hours until relieved; and while I have used these remedies for upwards of four years, and formerly in considerably larger doses, I have never seen any unpleasant effects from their use.

I have reason to believe that phenacetin or acetanilid relieves the nervous shock and quiets the arterial system, and I have seen no case without these indications for treatment in which the remedy seemed inadmissable in the proper dose. Of course, it might be varied to suit the case, and those who have not tried it will be surprised at the effect of phenacetin, 1 grain, with quinine 2 grains, every three hours in incipient pneumonia, in persons who were before the attack of rather feeble constitution. This amount does not depress but only quiets the disturbances.

When a remedy favorably influences disease processes in doses that would have no effect whatever on the system in health, it would seem we have a safe and desirable remedy. This certainly seems to apply to the above-named coal tar derivative.

I was recently called to see a patient with severe chill—vomiting, sharp pains in chest, back and head; physical signs, dullness, bronchial breathing and rales over left chest. Respirations, 40 per minute; temterature, 103.5 Fahr., with pulse 106. Gave calomel 1.6 grain, with sod. bicarb., every fifteen minutes until ⅔ grain of calomel was taken; followed this with quinine, gr. ij, every two hours until twelve grains were taken; and two doses of 1½ grains acetanilid for pains. Ffteen hours later I found him with normal temperature, respiration 25, pains gone, pulse 75, and physical signs of chest passing off. Quinine, gr. 1, with strych. sulph., gr. 1.60, every four hours during day, so as to get four doses daily, were given, and patient made rapid recovery. Patient 55 years old, and would be described as of feeble constitution. Another case—lady, age 64—with similar symptoms and similarly treated; aborted the attack. The patient had three previous sieges of pneumonia.

The supportive treatment of pneumonia is, in the average case, the most important, and to this end should the physician carefully watch his patient from the beginning and reserve all possible force for the final effort, for it is impossible to tell in a given case whether the system must be sustained against the disease for five, seven, nine, or even, according to Prof. Flint, twenty-three days. But be this as it may, in no case after the disease is spent is the patient inconvenienced by an overabundance of remaining force, and the common cause of death is exhaustion of utilized force. Means of preventing undue expenditure of force in the early stage have been indicated; but even at this early date feeding becomes necessary to supply as much as possible of the waste. Feeding a patient, however, does not mean simply the ingestion of food; it means digestion and assimilation. And it is our duty to see to its assimilation. Milk and concentrated meat broths constitute the best diet for the average patient. No food which requires undue effort to digest should be given, and in persons with feeble digestion it should be predigested. Of course, milk may disagree, when it must be substituted by some other food.

But many cases die without utilizing the force alreads stored in the system. This is due to insufficient function on the part of the different organs of the economy. Metabolism is not properly effected. The heart, by imperfect systolic action, does not force a perfect circulation, either pulmonic or systenic, hence the blood, poorly aerated, is but imperfectly thrown out to the tissues, and we may have starvation in the midst of plenty. This condition calls for stimulants. Not only the heart, but also the organs of secretion and excretion and respiration, may need it.

For the heart, digitalis is probably the best stimulant we have in pneumonia. Prof. Hare ascribes to digitalis, besides its stimulating, also a trophic action through the vagus. He says: "According to a mass of experimental evidence, which by its very volume is incontestable, digitalis acts upon the heart muscle as a most powerful stimulant, increasing the force of contraction in the cardiac walls and driving the contents of the ventricles out into the pulmonary artery and aorta with an unmistakable increase in arterial tension. The experiments of Boehm show that the heart actually does more work under digitalis;

and these studies have been confirmed by Williams. Francois Frank agrees with Williams in the belief that this increased force is due to improved tone of the cardiac muscle. These facts indicate the *raison d'etre* of the use of digitalis in the second stage of pneumonia, since it enables the right side of the heart to send the venous blood to the general arterial system, thus preventing the overdistention of the right ventricle.

When we remember, on the one hand, that all muscular fibers rapidly become paralyzed by overdistention, and, on the other, that digitalis produces a systolic contraction of extreme completeness, we can readily see how, by the entire emptying of the ventricle of each contraction, distention from gradual accumulation is impossible. It seems probable, too, that the pneumogastric nerves are the trophic nerves of the heart, and that in consequence its nourishment is improved by their stimulation by the digitalis." (Practical Therapeutics.)

Frequently, however, we do not have time to wait for the action of digitalis when strychnine, in doses varying from a twentieth to a fortieth grain, according to effect desired, should be used, and repeated if need be, and using also digitalis for its timely effect. For its influence in general throughout the system, strychnine is certainly a sovereign remedy, and one on which we can depend for its characteristic effects, if we can depend on any. Alchohol should be tried. It frequently calms the patient, produces quiet sleep, and acts favorably on digestion. It should be used judiciously and carefully as any of the poisons, and if it but aggravates, as it sometimes does, it must be discontinued.

Atropia is indicated in want of arterial tensions and to increase respiratory effort. Profuse perspiration should make us think of atropia or belladonna.

Instead of taking my patient off quinine in the second stage, I simply reduce the remedy to a tonic dose, given three or four times daily; or if the high temperature call for it, continue it with other antipyretics, and give of the combination enough to reduce the fever. Stimulants and tonics are generally indicated with the onset of the second stage, but by no means always, and sometimes even vasomotor depressants are called for, but must be given carefully. A placebo is always better than the wrong remedy at this time.

If it be true that digitalis increases the trophic action of the pneumogastric on the heart, then this remedy should certainly be used early to forestall any special tendency to depression or failure of the heart later on, but must not be given indiscriminately or as a matter of routine. When used to simply maintain a fairly good pulse, it is needless to say that the large doses required to lift up a depressed heart action are not required—only small and possibly gradually increased doses—and the action of these should be watched carefully.

If there is much mucous secretion in the lung that is expectorated with difficulty, the ammonia salts are possibly our best remedies. They may be combined with antiseptics which are not depressing, if the character of the expectoration call for them. The chloride of ammonia, or the iodides, act best on the secretions, while if cardiac stimulation be desired, the carbonate should be used. The carbonate, however, sometimes by its alkaline reaction on the stomach impairs digestion, and must be either substituted or counteracted. Calomel sometimes indirectly relieves the effects of the carbonate. Poultices relieve labored and embarrassed respiration by assisting the lung in throwing off mucous and relieving congestion. Their effect is sometimes remarkable. Camphor oil, with or without turpentine, beneath a cotton jacket is also beneficial, especially in children, and is often admissable when we would not entrust a poultice or hot fomentations to the attendants at hand. Other supporters of the heart are glonoin and moschus.

It will be noted that I have said nothing about opiates, and it is for the reason that I never employ them when I can obtain desired effects from above-named remedies.

I can certainly see but one indication for opium that is not always better met with

other remedies, and that indication is pain; but only in those very rare cases we cannot control with acetanilid, areterial sedatives, etc.

The pains due to inflammation of the serous membranes are about the only pains ordinarily calling for opiates in the course of the self-limited diseases. Ordinary congestive pains are usually relieved by poultices or hot fomentations, with arterial sedatives and some of the coal tar derivatives; and when these remedies are effective we do not have the blunted sensibility of opium, under which later drug the system, so to speak, fails to recognize its defects and to produce repair. Even in inflammation of the serous membranes the universal use of opium is losing favor, though there certainly are selected cases where they alone seem to meet the indications.

Opium is, however, always contraindicated when there is much accumulation of mucus in the bronchial tubes; also in oxygen starvation, as the tendency of the action of opiates is decidedly toward venosity of the blood. If there be insomnia with this condition, stimulants and tonics are much better than opiates to procure sleep, except, perhaps, the sleep from which our patients fail to awake. Called to see, with another physician, a child 4 years old who had had pneumonia; suffering from exhaustion to an extreme degree; had not slept for a few nights previous, except only in short naps of few minutes. Eyes sunken, very superficial breathing; pulse soft, feeble, compressible. I suggested stimulants and tonics, but the other physician advised Dover's powders, and he could absolutely "see no indications for tonics or stimulants;" and as his opinion was favored by the parents, the boy got the Dover's; and when the doctor next morning heard that the child died four hours later, he expressed the greatest surprise, saying he saw nothing to indicate such a termination.

Nephritis is a complication of pneumonia that we should recognize early, and treat vigorously both with cardiac stimulants and saline diuretics. Digitalis here has a twofold action, namely, in increasing the *vis a tergo* and by its influences on the kidney directly. (Bartholow.) The amount of digitalis required in these cases is sometimes enormous as compared with the ordinary dose.

I have on record a case with this complication, with œdema of a large portion of the lung and strong tendency to heart failure, in which I gave fl. ext. digitalis 5 minims, with fl. ext. belladonna 1 minim, every four hours; also gave strychnine sulph. 1.40 grains every six hours, with whisky, about 5 ounces in the twenty-four hours.

When I began with this treatment respirations were irregular at 60 to 70 per minute; (patient 35 years of age); pulse rapid and feeble; delirium, with general typhoid condition. This treatment, with external heat to produce perspiration and a few doses calomel to keep bowels active and aseptic, was kept up for nearly three days, when fever ended in crisis. From this time the remedies were gradually reduced, the condition not allowing their sudden withdrawal. Recovery protracted but complete.

The stage of resolution requires usually nothing but good, digestible and nourishing food; but tonics—iron, quinine, strychnine—are often exhibited with advantage. Expectorants are sometimes useful, but not always, and should be used only under same conditions they would be used in bronchitis. The iodide of iron, in small doses with quinine 1 grain, three times daily is often useful. Hygiene should be of the highest order—fresh air, judicious sponging, and pleasant appartments.

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Topeka, Kansas, Saturday, May 4, 1895.

Latinized Prescriptions.

Latinized prescriptions seem to be perpetually in bad odor with the people. The New York *Times* ascribes the death of a child to a prescription for "Ol. Ricini," which the drug clerk interpreted "Ol. Pini." No drug clerk can hide his ignorance or gross carelessness behind so flimsy an excuse as this. A competent clerk would certainly, if there were a question of doubt, have assured himself of the purposes for which the prescription was destined, and in so doing must have discovered what was meant.

We can hardly understand why a Latin word should be more difficult to read than English written by the same hand, especially to those who are supposed to be familiar with Latin terms. Druggists, as a rule, are more familiar with the Latin names of drugs than with the common names. There are numerous common names for most any drug but seldom more than one Latin name.

Few druggists would hesitate on a prescription calling for sanguinaria, but should we write for Red Puccoon, Tetterwort or Indian Paint, he would probably have to think some, and yet these are English names for Sanguinaria. We might even doubt if the editor of the *Times* would more readily recognize the term, Poison Nut or Quaker Buttons than the Latin name Nux Vomica.

The great objection usually made to Latinized prescriptions is that the physician desires to conceal from his patient the contents of the prescription. This is nearly as absurd as the criticism by the *Times*, because it is a fact that people as a rule are not more familiar with English names than with the Latin names, and knowing both English and Latin names they are as ignorant of the nature or uses of the drug as before.

In different localities we find different common names for the same drug, but its Latin name is universal; and no matter in what State or country you may be your Latinized prescription is readily understood. What better reason than this must we need for the use of Latin in prescription writing.

Mistakes are usually the result of careless writing, and it is here that criticism should be made. A physician who cannot write a legible prescription should print it, but if he is unable to do either he had better compound his own medicine.

Cancer of the Stomach,

Cancer of the stomach is one of the diseases in which early and accurate diagnosis is much to be desired. Unfortunately the post mortem is in many cases a surprising revelation. The symptoms and pathological signs of cancer of the stomach have been for sometime a subject of very interesting study and careful investigation. The symptoms are at the best indefinite and uncertain. They are seldom sufficiently distinctive to point readily to the real lesion. There are

conditions, however, changes in physiological action, or perhaps better termed perversions of function, which have almost positive relations to cancer. Boas has made some very careful investigations, the results of which are of great importance and have clearly established the relation of lactic and hydrochloric acid to the existence of cancer.

Dr. Morris Manges, in a paper recently published in the *Medical Record*, has very carefully reviewed these points:

"A faulty technique has led to the belief that lactic acid is a normal constituent of the stomach-contents during the early stages of digestion; Rosenheim even claimed that it was at any time to be demonstrated in the chyme if we use sufficiently delicate methods. However Boas' researches have finally settled the long-mooted question of lactic or hydrochloric acid by absolutely proving that in all the tests breakfasts and dinners contain lactic acid or its salts. Hence we must not use the various breads, rolls, cakes, milk and meat. Instead he has proposed a simple meal which consists of an oatmeal gruel (one tablespoonful of oatmeal to one quart of water) to which nothing has been added except a little salt. Another important point is that all remnants of former meals must be removed by a preliminary lavage of the stomach. The best time to do this is in the evening, and then we may give the oatmeal gruel. It is expressed on the following morning.

Boas also studied the various tests for lactic acid, and showed that if absolute certainty is desired they must be discarded and new methods of his own substituted.

As is well known, Uffelmann's reagent is prepared by adding two to three drops of pure carbolic acid to 20 c.c. of water containing a few drops of tincture of ferric chloride; the amethyst blue solution which results from the thorough shaking up of this mixture is so unstable that it must always be freshly prepared. The reagent is a delicate one, and even 0.1 per cent. of lactic acid will give a distinct canary-yellow color.

Many substances which may occur in stomach contents also discolor the solution; these are buytyric, acetic, and formic acids, phosphates, alcohol, grape sugar, and mineral acids when present in large amounts. However, the reaction produced by these substances (as buytyric and acetic acids) is somewhat different from that due to lactic acid, and can readily be differentiated by the practised eye, or is not produced after the stomach contents have been extracted by ether. This can readily be done by shaking 2 to 3 c.c. of chyme with 50 to 100 c.c. of ether (which must be free from alcohol) in a separatory funnel; decant the ether layer into a beaker (a test tube ought not to be used for this purpose, as the vapor of ether will come off in "jumps," so that much of the contents of the tube may be lost; it may also be advisable to call attention to the fact that all these procedures should be carried on away from any open flame), evaporate to dryness over a water bath or a vessel of hot water; dissolve the residue in 5 c.c. of water, evaporate to a small residue over a flame and add by means of a dropper one to two drops of Uffelmann's reagent. Boas quotes with his approval the modification of Fleischer, in which the ether is not evaporated, but the carbolate of iron solution is added directly to the ether; shake up vigorously, and if lactic acid is present the lower layer will assume the characteristic yellow color.

The tests proposed by Boas for the absosolutely exact determination of lactic acid are by no means as simple and consume too much time to be of clinical value to the busy practitioner. 'When lactic acid is heated slowly and cautiously with oxidizing agents it splits up into formic acid and acetic aldehyde. The presence of the latter body can be ascertained by many tests and its quantity determined. The iodoform test is suited for both quantitative and qualitative work. The oxidation is obtained with manganese binoxide and sulphuric acid; if the aldehyde is then conducted into an alkaline solution of iodine, iodoform is formed. Under proper precautions a given quantity of aldehyde decomposes a given quantity of the iodine solution, and hence the amount of the former is obtained. Ketone and alcohol, which also give this iodoform reaction, are gotten

rid of by boiling the fluid to be examined down to a thick sirupy consistency. Carbohydrates heated with oxidizing agents also give off aldehyde, so that the lactic acid must first be extracted with ether.'

Extended researches with this test showed that lactic acid is not a normal ingredient of the stomach contents, and that it is also absent in chronic gastritis, atony of the stomach, neuroses, and non-malignant pyloric stenosis. On the other hand, in 20 out of 21 cases of cancer it was constantly present, and that, too, in quantities large enough to give very positive reactions with Uffelmann's reagent. HCl was absent in all these cases; no tumor was present in 3 cases; in 16 the lesser curvature was involved, in 3 the pylorus, in 1 the anterior wall; in the remaining case the site was uncertain. In all the cases there was stagnation of the stomach contents.

As the result of these observations Boas claims that with the necessary precautions as to the test meals, etc., the presence of large quantities of lactic acid, combined with stagnation of the stomach contents and the absence of hydrochloric acid, is diagnostic of a palpable tumor.

The K. P. A.

We have been requested to agitate the revival of the Kansas Physicians' Association. An association of this kind which had for its object the closer affiliation of all schools and factions, which was founded upon education, fellowship and incidentally protection, whose purpose for living was worthy the respect of physicians and an honor to the name it bore, was a culmination devoutly to be wished. The Kansas Physicians' Association! so broad so grand a name should never have been desecrated by so mean a purpose as that for which it had its birth.

DR. J. H. CANNON, formerly of this city, has located in Toluka, Ill., as physician for the mining company at that place.

New York Letter.

NEW YORK POST GRADUATE SCHOOL, April 27.—This week has been an unusually busy one, and the amount of work that has been done is enormous. It is impossible for a matriculant to attend one-fourth of the work that is daily scheduled on the bulletin board, and the only thing to be done is to follow out the regular printed schedule and take in what you can at odd hours. As an example of the abundance of opportunities here, at one time this week six invitations were issued one afternoon, all of them occurring at the same hour.

On Monday Dr. Morris performed gastro-enterorraphy, using Murphy's button. He also performed what he calls conservative laparotomy, i. e., opening the abdominal cavity and washing out the Fallopian tubes with peroxide of hydrogen. He claims fine results for the operation, and says he has performed it for sterility in a number of cases with success. He sutures all of the abdominal coverings separately and claims to leave so imperceptible a scar that no one but an expert could detect externally that an operation had been performed.

On Tuesday Prof. Kelsey performed a formidable operation consisting of excision of the rectum for malignant disease. It was a very interesting operation, and one to make an operator think twice before attempting it.

Just now Prof. Phelps is having quite an argument, on paper, with the other orthopedic surgeons in the city regarding operative measures in orthopedic work. He is quite radical about operating, and being a very clever surgeon is having good success.

Wednesday Prof. Emmet operated for laceration of the cervix and perineum. He is a slow, deliberate operator, and does his operating in good shape.

Antitoxine in the treatment of diphtheria is considered a great success by those who have had much experience with it; some of the faculty especially being very enthusiastic regarding it.

One of the things that first strikes the

matriculant here is the number of Germans in the faculty. Almost without exception they all speak German, and some of them speak English so poorly that it is very difficult to follow their remarks.

This week in the clinics on diseases of the mind and nervous system a great deal has been said about the influence of syphilis in such cases. It is very interesting to watch the cases as they come into the clinic, for there are seen types of all classes of nervous and mental diseases. Prof. Dana is a fine teacher and demonstrator in this branch, and his word is taken as authority. He has a good way of handling patients, and sees signs and symptoms that escape altogether the eye of the ordinary medical man.

While there are some very brilliant operators here, it is a sad fact that there are some of whose ability the less said the better.

Prof. Hanks, one of the professors of gynecology, has been dangerously ill from septicæmia contracted from an injury incurred while operating is now convalescent, but will probably be unable to resume work for some time.

From the number who are taking special courses, it would seem as though in a short time everything will be specialties and the general practitioner will be a comparative rarity.

J. M. FRANKENBURGER, M.D.

The Collision Cure.

Medical Abstract.

The poet tells us, "There is a soul of goodness in things evil," and Dr. Richard C. Newton, surgeon to the New York and Greenwood Lake Railroad applies this comforting doctrine even to railway smashes. He thinks that the benefits which persons suffering from some bodily ailment or some nervous or mental disorder may derive from the shock of a collision has been overlooked. He admits with somewhat unnecessary candor that "the literature relating to railroad injuries does not provide as many cases illustrating the questions as could be wished." Will Dr. Newton allow us to suggest that this may be due to the fact that the good which these accidents do to invalids is oft interred with their bones? Dr. Newton cites two or three cases at second hand, and chiefly on the unverifiable testimony of non-medical witnesses, in which gout, rheumatic fever, and even consumption, was cured by the shock of an accident. It would, we suppose, be hypercritical to lay stress on the fact that the only one of the cases which he relates was the instrument of healing a railway accident. The instance which seems to us least open to objection is that of Mrs. Russell Lowell, who was prostrated with illness (the nature of the disease is not stated) when her husband was offered the post of minister to the court of St. James. He wrote to decline it, as his wife could not be moved; in the meantime the lady's bedclothes caught fire, which made her jump out of bed with great alacrity. So beneficial an effect did this accident have on her health that Mr. Lowell sent a telegraphic message to Washington cancelling his refusal of the post. Dr. Newton states, though without giving any instance in point, that epilepsy has occasionally been cured by a fall or blow on the head, or by fright, and he attributes the benefit that has followed surgical procedures for the cure of that disease to the fright or excitement caused by the operation. That fright or other strong emotion has sometimes worked miracles like that recorded of the cripple who took up his bed and walked there can be no kind of doubt. Shaking again, was used by Charcot as a remedy for certain forms of nervous disease. Nor are we prepared to deny that violence scientifically applied may be a useful stimulant. There is somewhere on record the case of a very backward child whose mental faculties were quickened into activity by a fall on the head—a fact which suggests that the cleverness of the Irish people may not be altogether unconnected with the free application of hard bodies to the human skull. Railway directors would probably be disposed to encourage the idea that railway accidents cure as well as kill. For our own part, however, we cannot conscientiously recommend the collision cure as a remedy for nervous or mental disease any more than we can urge the use of the shillelagh as an instrument of education.

Tannin in Phthisis.

The Times and Register.

The *Medical Times and Hospital Gazette* speaks thus favorably of tannin in consumption:

"French physicians have for some years used tannin, with or without sulphate of quinine, in the treatment of acute phthisis, and they claim for it, apparently with justice, very remarkable results in the diminution of fever and the removal of symptoms. It is a physiological fact, to which attention has not been sufficiently drawn, that rabbits into which tannin has been injected are much more refractory to injections of tuberculin than animals in which such injections have not been made. The treatment at present may be termed empirical, but it is worthy of note that such shrewd observers as our French brethren are, appear to consider that the treatment is most efficacious. They recommend that tannin should be given to the extent of two or three grammes a day in divided doses, and Professor Potain, who has used more than twice this dose for certain patients at the Charite Hospital, considers that such a dose is in most instances too large, as it tends to depress the strength of the patient. The remedy is comparatively little used in this country in these cases, and it certainly merits a fair trial. By a similarity of argument it should also be beneficial in attacks of acute congestion affecting other organs of the body."

Belladonna.

Medical Bulletin.

Belladonna is frequently of use in the diseases of children, and particularly valuable in disorders of the respiratory apparatus accompanied by excessive secretion or by spasmodic action, from coryza with repeated sneezing to spasmodic bronchitis and whooping-cough. In coryza with abundant discharge and difficulty of respiration on account of obstruction of the nasal fossæ, this drug is especially advantageous to promote dryness of the pituitary membrane. Simple laryngitis due to cold, laryngismus stridulus, essential or symptomatic spasm of the glottis, are also favorably influenced. In a great many cases belladonna produces manifest relief, acting both upon the laryngeal secretions and the nervous element which causes the spasm. Tracheo bronchitis and spasmodic bronchitis, whether dependent or not upon la grippe, are equally ameliorated by its employment. As much may be said in favor of its use in constitutional or symptomatic asthma, the asthma-like attacks of tracheo-bronchial adenopathy or of emphysema, and in paroxysms of dyspnœa. Although so beneficial in spasmodic affections of the upper respiratory passages, its use is to be deprecated in pulmonary maladies accompanied by prostration and tendency to collapse, as pneumonia, broncho-pneumonia, etc. Above all it is in whooping-cough that this remedy has been employed the most frequently and extensively. Its sedative and antispasmodic qualities particularly distinguish it as suitable for use in a disease in which the spasmodic element overshadows all other manifestations; it is, therefore, universally employed in the spasmodic stage of pertussis. In order to obtain its beneficial effects, however, it should be pushed until it begins to produce its constitutional manifestations. Smaller doses do not succeed in allaying the spasmodic cough.

The Treatment of Sprains.

Canadian Practitioner.

Primrose holds that the aim of treatment for sprains is the early absorption of effused material and the prevention of adhesions. For the immediate treatment of a recent sprain pressure is of paramount importance. This should be applied as follows: The joint —say the ankle, for instance—is placed at a right angle (or, if possible, at less than a right angle) with the leg, then cotton-wool or ordinary cotton batting is applied evenly over the foot from the toes upward to the middle of the leg. The amount of wool must be considerable; loosely applied it

should be fully three inches in depth. Over this is applied the bandage from the toes upward, which is drawn as tight as possible. There is no danger of making too much pressure provided there is sufficient cotton-wool. This usually alleviates pain immediately by affording pressure to the blood vessels and keeping the part at rest. The bandage and wool are removed at the end of a few days, a week at the longest, and carefully instituted passive movement is employed; then the dressing is reapplied to prevent further effusion. In ten to fourteen days cotton-wool may be dispensed with and the support of an ordinary flannel roller substituted. The patient is able to use the injured joint for ordinary purposes after the lapse of about three weeks in the majority of severe sprains. In sprains of slight severity massage may be begun at once with excellent results, and in old sprains massage is by far the most appropriate treatment and indispensable in order to effect a cure. Heat and cold are at best temporary methods of relieving congestion, and do harm if employed too long.

Opium Delusions.

Quarterly Journal of Inebriety.

Recently some very marked examples of delusions in opium cases has been noted in the daily press. A prominent woman telephoned the police station that a murder was committed in the house adjoining, and urged them to come at once. The patrol wagon with officers reached the house in a few moments, and found no one stirring; two servants were working before an open window and the lady of the house was asleep. The accuser described, with great minuteness of detail, two women fighting, and a man rushing in and stabbing one, then disappearing. This was seen from her window. When told that she was mistaken, she became very angry and positive of her impressions. The two servants working before the open window formed the basis of her delusion. Later it was found that she was using opium daily.

A well-dressed man, with a bruised face and some head wounds appeared at the police station and gave a minute detail of an assault by a leading merchant, who attempted to kill him. The motive was supposed to be political, to prevent him from securing a nomination the other wished. All the circumstances of meeting and exchange of blows and violent language, and his escape by jumping over some rocks near the roadside, were given with graphic exactness. An examination proved that the merchant was in a distant city at the time, and no assault had been committed by any one. The supposed victim was an opium taker, and had no doubt jumped over a rocky ledge bruising himself. He was on good terms with the merchant, and never had quarreled in any way.

The following case was submitted to me for examination and opinion. A widow of wealth, culture, and the highest respectability, charged her physician, an eminent man, with committing a criminal assault. The physician was astonished. This lady was supposed to be in excellent health, and had not called on him professionally for years. He was a friend of her husband and only called at long intervals, and usually on some mission of charity.

The alleged offense was affirmed to have been committed at night, and the lady was so overwhelmed that she remained in bed for two days. A week later she confided to her clergyman, and he called in a lawyer, and a meeting was held. The doctor was emphatic in his denial, and the lady was positive in her convictions. It appeared that the doctor had called that evening about 7 o'clock, and remained a short time. He came to announce the death of a distant relative of the lady in a foreign country, who was traveling with his son. Later the doctor accompanied his wife to the theater, and remained at home all that night.

The lady's statement was that the assault was committed late at night, then she changed and said it was early in the evening, and that she was so much confused that the exact time was not clear. The very unusual feature was the apparent unimpeachable integrity of both parties. There had been a feeling of profound respect between them,

and no intimacy or familiarty. The physician seldom called except on some errand, and the lady was apparently strong and actively engaged in charity and the management of her property.

In my interview with this lady, there was no appearance of vindictive anger, only deep sorrow, and her statement was clear and natural in all its details. The pupils of the eyes had a suspicious contraction, and she spoke of some neuralgia, for which she had used McMunn's elixir. She acknowleged having used this drug the day of the assault, and in larger quantities for several days after. I found from the druggist that she used large quantities of this drug at different times, although never seemingly stupid from the use of it. I concluded that if this was opium delusion, she would have another attack, so the decision was postponed. Ten weeks later, she asserted that the same physician had visited her room at midnight and assaulted her the second time. The physician at the time was on the ocean with his wife, going to Bermuda, having sailed two days before the alleged act was committed. This woman was declared an opium-eater and went under treatment, from which she recovered, and no return of this delusion followed.

Fortunately these delusions are not very common, and are so often mixed up with circumstances that indicate their real condition as not to be mistaken.

Treatment of Epithelioma.

John A, Wyeth, M.D., International Journal of Surgery.

This is the patient upon whom we operated some time ago for an epithelioma on the right side of the chin, extending almost to the vermilion border of the lower lip. Under a general anæsthetic, I cut away all the rank tissue, as deep as the periosteum of the lower jaw, but as it was uncertain whether the bone was involved in the malignant process or not, I did not remove the inferior maxilla. The bone was somewhat roughened, but there were no signs of granulated tissue, such as we see in malignant bone disease. I scraped the wound thoroughly and then applied Marsden's paste, which has the faculty of destroying only diseased tissue; it does not destroy healthy tissue. This paste destroyed the superficial layer of the bone, proving that, in spite of its healthy appearance, it was already involved by the disease to some extent.

In St. Louis, on the third of this month, I delivered an address on surgery, which consisted of a summary of those points in surgical work which attracted my attention most during the past year. One of the points brought up for discussion was the treatment of superficial epithelioma. On this subject I have undergone a decided change of mind during the past five or six years. If I had a superficial epithelioma develop anywhere on my body where I could use Marsden's paste, I would prefer that method of treatment to the knife. In cases where the disease has existed for so long a period that the paste alone cannot be relied upon, I would prefer to have the malignant process first cut or scraped away, and then have the paste applied. In this way we get more satisfactory results than by any other treatment I know of.

The formula of Marsden's paste, which I have given you a number of times, is as follows:

Acid arsenious.....	2 drams
Pulv. gum arabic.....	1 dram
Cocaine muriate	18 grains

When you are ready to use this it should be made into a paste by adding water. The paste should be of the consistency of rich cream, and should be applied to the wound on a small piece of cloth, which is left on from eighteen to thirty-six hours. This can be repeated as often as is necessary. The above is the formula for the stronger paste. In the weaker preparation we use only 2 drams of arsenious acid and 12 grains of cocaine. Marsden's original formula consisted only of equal parts of arsenious acid and gum arabic. The cocaine has been added to counteract the pain; it has never, to my knowledge, given rise to constitutional symptoms.

It is a fact that arsenious acid, in certain combinations with gum arabic, forms a most potent remedy in the treatment of malignant disease. In many cases coming under my observation its use has been followed by most satisfactory results, effecting a complete cure and no recurrence taking place. It is difficult to say whether the action of the remedy is directly mechanical, or partially mechanical and partially phagocytic, which practically means that one bug eats up another bug. It is possible that by these applications a suppurative process is set up, the germs of which may eat up the rank tissue of the malignant disease, or kill the specific germ which causes such disease. Epithelioma is probably produced by some germ, although it has not yet been discovered. Following the law of analogy, it is a case of the survival of the fittest, which runs through all the universe. The theory of phagocytosis has been actually proven in connection with the white blood corpuscles, which have the power to destroy certain bacilli. The same theory applies in the the treatment of sarcoma with the toxines of erysipelas. I have seen several cases of undoubted sarcoma which were cured after accidental inoculation with the erysipelas cocci. In one of these cases, a man with a large sarcoma of the abdomen, ten or twelve years have elapsed and there has been no recurrence. In several other cases, five or six years have elapsed.

To show the value of Marsden's paste, the following case is of interest: "A boy, about 12 years of age, developed a tumor on the forehead. His physician, who regarded it as an ordinary sebaceous cyst, cut it out. It returned within six or eight weeks. I then saw the boy, and recognizing the growth as a malignant one, I performed a very radical operatiou, cutting away all the tissues down to the temporal fossa. It recurred within four months. Dr. A. R. Robinson then saw the case with me in consultation, and we decided to apply Marsden's paste. We did so and the result was entirely satisfactory. This was many years ago, and up to the present time there has been no recurrence, nor is there likely to be.

Artificial Digestion.

Daily Clinic.

The problem of nutrition is confessedly the *bete noir* of physicians. It is not therefore strange that much attention should have been given to the development of processes by which foods may be artificially digested outside of the body, and thus prepared for immediate assimilation without taxing the weak and debilitated system with this work, which, as is well known, involves the expenditure of no little energy.

Up to the present time such efforts have proven somewhat abortive, for the finished products are as a rule so unpalatable that few patients can take them; not at least for any considerable length of time.

Paskola is the latest claimant for favor in this field, and it seems to possess decided advantages over anything that has heretofore appeared on the market. Its basis is a pure form of artificially-digested starch to which is added two-tenths of one per cent. of absolute hydrochloric acid (thus giving it the natural acidity of the gastric juice) and a combination of proteid or albumen-digesting ferments.

It is extremely palatable; in fact, when diluted, it tastes very much like lemonade, and is relished by the most delicate stomachs.

As starch is nature's source of fat, it is not strange that clinical tests should prove that patients undergo a rapid increase in weight under the use of paskola.

WE have been using Pasteurine in our own work for some time and are extremely well satisfied with the results. As an antiseptic and deodorant, and as a cleansing solution for the nose and throat, we found it both pleasant and efficient.

WE have a supply of fever charts which we will be pleased to furnish at $1.50 per hundred or 50 for 75 cents.

THE South Kansas Medical Society meets in Wichita May 7. An interesting program has been prepared.

THE Kansas State Dental Association will meet in Topeka May 13, 14 and 15, at the Throop Hotel.